MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01454

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora, Rural — LENGTH OF STAY (in this place) 72	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora, Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Henry	(Last) Atkinson	4. DATE OF DEATH	(Month) Feb	(Day) 19	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Sept. 8, 1877	9. AGE last birthday 72 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Painter	10b. KIND OF BUSINESS OR INDUSTRY Building Painter	11. BIRTHPLACE (State or foreign country) Colora, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME William F. Atkinson	14. MOTHER'S MAIDEN NAME Ella J. Hathaway						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Cora Atkinson.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	5 Days
481X Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Grippe	2 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb 1, 1950, to Feb 19, 1950, that I last saw the deceased alive on Feb 18, 1950, and that death occurred at 8 30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L P Snodgrass	MD	Darlington Md	2/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 22, 1950	NAME OF CEMETERY OR CREMATORY Hopewell	LOCATION (City, town, or county) Port Deposit	(State) Md.
DATE REC'D BY LOCAL REG. Feb 21, 1950	REGISTRAR'S SIGNATURE L M Wallington	24. FUNERAL DIRECTOR J. E. Tyson, Rising Sun, Md.	ADDRESS	

340 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01455

Reg. Dist. No. 96

1. PLACE OF DEATH COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, Maryland — LENGTH OF STAY (in this place) 1yr. 1mo. 14da	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Adminstration Hosp.	STREET ADDRESS (If rural, give location) 22 Clyde Ave

3. NAME OF DECEASED (Type or Print)	(First) LOUIS	(Middle) W.	(Last) BARRETT	4. DATE OF DEATH	(Month) 2	(Day) 19	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-19-76	9. AGE last birthday 73 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME ✓			14. MOTHER'S MAIDEN NAME ✓				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ (If year, give war or dates of service) SAW		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	6 days
334X Antecedent cause(s)		
107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis with psychosis	Unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from Jan. 5, 1949, to Feb. 19, 1950, ~~that I last saw the deceased alive on xxxxxxxxxxxx 19xxx~~, and that death occurred at 6:20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E.P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md.			2-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 2-19-50	NAME OF CEMETERY OR CREMATORY ✓	LOCATION (City, town, or county) (State) ✓
DATE REC'D BY LOCAL REG. Feb 19, 1950	REGISTRAR'S SIGNATURE Irene E. Daugherty	24. FUNERAL DIRECTOR Wm J. Tickner & Sons Per Robt Brown WILLIAM J. TICKNER, & SONS	ADDRESS

49647 North and Penna. Ave., Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
FEB 21 1950
BUREAU V. S.

James Biddle

01456

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH — COUNTY: CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH EAST — LENGTH OF STAY (in this place): LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH EAST Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) A (Last) BIDDLE

4. DATE OF DEATH (Month) 2 (Day) 10 (Year) 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 9-27-1883
9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: FIRE BRICK CO
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES BIDDLE
14. MOTHER'S MAIDEN NAME: RACHEL. M. DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: Mrs George Reynolds North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia sec. to — 7 days

241 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bilateral Bronchiectasis sec. to — 20 years

(c) Asthmatic Bronchitis — 25 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 2 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 10 Feb, 1950, that I last saw the deceased alive on 9 Feb, 1950, and that death occurred at 4.15 A.m., from the causes and on the date stated above.

SIGNATURE: Klaus H Huebner (Degree or title) M.D. — ADDRESS: North East Md — DATE SIGNED: 10 Feb '50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2-13-1950 — NAME OF CEMETERY OR CREMATORY: North East Methodist — LOCATION (City, town, or county): North East (State): Md

DATE REC'D BY LOCAL REG.: 2-11-50 — REGISTRAR'S SIGNATURE: Sarah E. Rothermel — 24. FUNERAL DIRECTOR: Joseph R Grant — ADDRESS: North East Md

9827

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 14 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01457

CERTIFICATE OF DEATH

Reg. Dist. No. 9r

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) (Last) Breeding
4. DATE OF DEATH: (Month) Feb (Day) 12 (Year) 1950

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH Dec 27 1889 | 9. AGE last birthday 60 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Sam Noman | 14. MOTHER'S MAIDEN NAME Jennie Bruce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Mr. Ed Breeding, Stevensville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Circulatory Failure

199.1 Antecedent cause(s) (b) Carcinoma (Uterus Cerv.)

46.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Recurrent Carcinoma (Abdominal

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 27, 1949, to Feb. 12, 1950, that I last saw the deceased alive on Feb 11, 1950, and that death occurred at 4:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Jacob F Engle M.D. Oxford Penna

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 2/14/50 | NAME OF CEMETERY OR CREMATORY Stevensville Md. | LOCATION (City, town, or county) Stevensville, (State) Md.

DATE REC'D BY LOCAL REG. Feb 13 | REGISTRAR'S SIGNATURE E R Frazer | 24. FUNERAL DIRECTOR Edgar L Lane | ADDRESS Church Hill Md.

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FEB 15 1950
BUREAU V. S.

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

27 Pages 01458

FILM No. G 125 APR 11 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital Elkton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Eleanor (Middle) (Last) Brooks.

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W. | 8. DATE OF BIRTH: March 9 1886 | 9. AGE last birthday: 63 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House WIFE "House" | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Benson | 14. MOTHER'S MAIDEN NAME: Elizabeth Dare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT AND ADDRESS: Robert Brooks Galena Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — 3 weeks.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized arteriosclerosis (4-11-50) ams.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1950, to Feb 16 1950, that I last saw the deceased alive on Feb 15, 1950, and that death occurred at 3:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Milford A. Spreaker M.D. Elkton Md Feb. 16, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Feb. 21 1950 | NAME OF CEMETERY OR CREMATORY: Wesley Meml | LOCATION (City, town, or county): Galena | (State): Md.

DATE REC'D BY LOCAL REG.: Feb 20, 1950 | REGISTRAR'S SIGNATURE: Edward Fellows | F. FUNERAL DIRECTOR: Edward Fellows | ADDRESS: Millington Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01459

Reg. Dist. No. 9-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Joyce (Middle) LEE (Last) CLAYTON

4. DATE OF DEATH: (Month) Feb. (Day) 6, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 30, 1949

9. AGE last birthday: yrs. If under 1 year: Months. 7 Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elkton, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard Clayton

14. MOTHER'S MAIDEN NAME: Audrey Whittler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho pneumon — Interval Between Onset and Death: 1 day

501X Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis — 1 week

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cretinism since birth

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1950 to Feb 6, 1950, that I last saw the deceased alive on Feb 6, 1950, and that death occurred at 11 35 P m., from the causes and on the date stated above.

SIGNATURE: J. Davis (Degree or title) MD ADDRESS: Chesapeake City Md DATE SIGNED: 2/7/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 2-8-50
NAME OF CEMETERY OR CREMATORY: Charlestown
LOCATION (City, town, or county) (State): Charlestown, Cecil Md

DATE REC'D BY LOCAL REG.: Feb 7
REGISTRAR'S SIGNATURE: F K Frazer

24. FUNERAL DIRECTOR: Joseph R. Grant ADDRESS: North East, Md

2-0-6-30-9-23-1-40-X

RECEIVED
FEB 9 1950
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01460

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
MARYLAND — LENGTH OF STAY (in this place): 5 yrs 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania
COUNTY: Green
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Garards Fort
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
AMADA	RAYMOND	CORE	2	6	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	12-26-80	69 yrs.	1	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Physician		Greensboro, Pennsylvania	USA

13. FATHER'S NAME: Andrew Core

14. MOTHER'S MAIDEN NAME: Mary Shuff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW I		Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia, bilateral	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebrovascular accident	2 days
	(c)	

491 X
838

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work [ ] Not While At work [ ]	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that VA I attended the deceased from Jan. 6, 1945, to Feb. 6, 1950, ~~that I last saw the deceased~~ alive on ~~[illegible]~~ and that death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS DATE SIGNED

E.P. BRANNON, M.D., Chief, Professional Services, VAH - Perry Point, Md. 2-7-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/10/50	Garard's Fort Cemetery	Garard's Fort, Green County,	Penn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-7-50	Irene E. Daugherty	Lee A. Patterson & Son.	LEE PATTERSON & SON, Perryville, Md.

V3297

RECEIVED
FEB 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01461

Reg. Dist. No. 90

1. PLACE OF DEATH COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cecilton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cecilton
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LAMBERT (Middle) W (Last) DAVIS

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 27 1853

9. AGE last birthday: 86 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME: David P Davis

14. MOTHER'S MAIDEN NAME: Henrietta Cruikshank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Porter L Davis Cecilton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 10 years

Antecedent cause(s) (b) Generalized Arteriosclerosis — 10 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1940, to Feb 6, 1950, that I last saw the deceased alive on Feb 6, 1950, and that death occurred at 3:00 m., from the causes and on the date stated above.

SIGNATURE: Allan R. Cruckley (Degree or title) M.P — ADDRESS: Middletown, Del — DATE SIGNED: 2-8-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 9, 1950 — NAME OF CEMETERY OR CREMATORY: St. Stephens — LOCATION (City, town, or county): Earlville (State): Md.

DATE REC'D BY LOCAL REG.: Feb 9-50 — REGISTRAR'S SIGNATURE: Mrs Harold W. Cheyney — 24. FUNERAL DIRECTOR: Edward Fellows — ADDRESS: Millington Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 1 24 FEB 17 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01462

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton | LENGTH OF STAY (in this place): 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital - Elkton Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Cecilton - Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) (Last) Davis

4. DATE OF DEATH: (Month) Feb (Day) 8 (Year) 1950

5. SEX: female | 6. COLOR OR RACE: black | 7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): married | 8. DATE OF BIRTH: Sept. 15 1895 | 9. AGE last birthday: ~~55~~ 54 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): Cecilton - Md | 12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT, AND ADDRESS: Daughter Mrs Elsie James. Warwick - Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage with Paraplegia	11 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	unknown
	(c)	

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 30th, 1950, to Feb 8, 1950, that I last saw the deceased alive on Feb 7th, 1950, and that death occurred at 7.10 a.m., from the causes and on the date stated above.

SIGNATURE: C. H. McKnight M.D. (Degree or title) | ADDRESS: Elkton - Maryland | DATE SIGNED

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE: 2/11/50 | NAME OF CEMETERY OR CREMATORY: Methodist Cem. | LOCATION (City, town, or county) (State): Cecilton, Maryland

DATE REC'D BY LOCAL REG. Feb 10 | REGISTRAR'S SIGNATURE: E H Frazer | 24. FUNERAL DIRECTOR: Edw. R. Bell - 909 Poplar St, Wilm, Del. | ADDRESS

XVX99

RECEIVED
FEB 13 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01463

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 9 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Montie	Gale	Dean	Feb.	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	—	Oct. 17 - 1949	yrs.	4			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Cecil Dean
14. MOTHER'S MAIDEN NAME Pauline Boggs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Gastro-enteritis.	48 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Broncho-pneumonia	14 days.
	(c)	

491X
119a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Orford H. Drecher, M.D.	Elkton, Md.	Feb. 17, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-19-50	Methodist	North East	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 18	F R Frazer	Joseph R. Grant	North East Md

1-0-0-17-9-26-5-40-2

VS. A15A

RECEIVED
FEB 21 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01464

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Md
STREET ADDRESS (If rural, give location) 214 Park Circle

3. NAME OF DECEASED (Type or Print) (First) Myrtle (Middle) Laura (Last) Dural.
4. DATE OF DEATH (Month) Feb 28. (Day) (Year) 1950

5. SEX F.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH Oct 10, 1863
9. AGE last birthday 86 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House.
10b. KIND OF BUSINESS OR INDUSTRY House wife.
11. BIRTHPLACE (State or foreign country) Michigan.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME No Inf.
14. MOTHER'S MAIDEN NAME Laura Phelkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Frank Gromann 214 Park Circle Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the rt. breast with axillary metastase — INTERVAL BETWEEN ONSET AND DEATH 15 Years

170X Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardiovascular disease — —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1950, to Feb. 28, 1950, that I last saw the deceased alive on Feb 28, 1950, and that death occurred at 9:45P m., from the causes and on the date stated above.

SIGNATURE S. Ralph Andrews Jr. (Degree or title) M.D. ADDRESS 233 E. Main St. Elkton, Md DATE SIGNED March 1, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE Mar 1/50
NAME OF CEMETERY OR CREMATORY Monasquan
LOCATION (City, town, or county) N.J. (State) N.J.

DATE REC'D BY LOCAL REG. Mar 1
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

RECEIVED
MAR 3 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

P1465

CERTIFICATE OF DEATH

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil County MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick Md.; LENGTH OF STAY (in this place) 7; HOSPITAL OR INSTITUTION OR STREET ADDRESS Warrick

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) A. (Last) Harmon

4. DATE OF DEATH: (Month) Feb (Day) 24 (Year) 1950

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 18, 1896

9. AGE last birthday: 53 yrs. If under 1 year: Months. 5 Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Harmon

14. MOTHER'S MAIDEN NAME: Ida Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-14-18M

17. INFORMANT AND ADDRESS: Mary V. Harmon Warrick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcenoma right lung. — Interval Between Onset and Death: 6. weeks

163X Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Jan, 1950, to 24 Feb, 1950, that I last saw the deceased alive on 23 Feb, 1950, and that death occurred at 7-45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Allan A. Cruikshank M.D. Middletown Del 2-24-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/28/50 — NAME OF CEMETERY OR CREMATORY: John Westley — LOCATION (City, town, or county) (State): Sassafras Md.

DATE REC'D BY LOCAL REG.: Feb 27-50 — REGISTRAR'S SIGNATURE: Mrs Harvey A. Cheyney

24. FUNERAL DIRECTOR: Edw R Bell — ADDRESS: 909 Poplar St.

RECEIVED
MAR 1 1950
BUREAU - U. S.

Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01466

CERTIFICATE OF DEATH

Reg. Dist. No. 91

FILM No. G 124 FEB 27 1950

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Chesapeake City
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Chesapeake City.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELIZABETH (Last) HESSEY
4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov. 20, 1923
9. AGE last birthday: 26 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John W. Hessey
14. MOTHER'S MAIDEN NAME: Lillian Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mrs. John W. Hessey, Chesapeake City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Melanotic Sarcoma — 3 months

190X

Antecedent cause(s)

55e

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 20 - 1949
19b. MAJOR FINDINGS OF OPERATION: Subtemporal Decompression (left)
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949, to Feb 7, 1950, that I last saw the deceased alive on Feb 5, 1950, and that death occurred at 11 40 A m., from the causes and on the date stated above.

SIGNATURE: Henry V Davis M.D. (Degree or title) — ADDRESS: Chesapeake City — DATE SIGNED: Md 2/9/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 10, 1950 — NAME OF CEMETERY OR CREMATORY: Johntown Cemetery — LOCATION (City, town, or county): near Earleville — (State): Md.

DATE REC'D BY LOCAL REG.: February 10/50 — REGISTRAR'S SIGNATURE: Mrs. Ralph H. Reed — 24. FUNERAL DIRECTOR: Edward Fellows — ADDRESS: Millington Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT

RECEIVED
FEB 13 1950
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 125 MAY 9 1950

CERTIFICATE OF DEATH

01467

Reg. Dist. No. 92

1. PLACE OF DEATH COUNTY: Cecil. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Near Elkton — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Near Elkton,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Elkton R.D. 5 Md	STREET ADDRESS (If rural, give location): Elkton R.D. 5, Md

3. NAME OF DECEASED (Type or Print) (First) Ethel (Middle) D. (Last) Janney.		4. DATE OF DEATH (Month) Feb (Day) 28 (Year) 1950	
5. SEX: F.	6. COLOR OR RACE: Wh.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: Mar 4, 1893
9. AGE last birthday: ~~57~~ 56 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Elkton, Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Rudolph Moore.		14. MOTHER'S MAIDEN NAME: Emily Anderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Mr. Leon Janney, Elkton, Md	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442X Immediate cause	(a) Uremia	1 Month
Antecedent cause(s)	(b) Hypertension Cardiac Vascular - Renal Disease	2 Years
1310 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 8, 1949 to Feb 28, 1950, that I last saw the deceased alive on Feb 28, 1950, and that death occurred at 5:45A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S Philip Andrews, Jr	M.D.	233 E. Main St. Elkton, Md	March 1, 1950

23. BURIAL CREMATION REMOVAL (Specify): Burial	DATE: Mar 3/50	NAME OF CEMETERY OR CREMATORY: Cherry Hill	LOCATION (City, town, or county) (State): Cherry Hill Md
DATE REC'D BY LOCAL REG. Mar 3	REGISTRAR'S SIGNATURE: F R Frazer	24. FUNERAL DIRECTOR: H W Pippin & Son	ADDRESS: Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 6 1950
BUREAU F. E.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01468

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (In this place) 26 Hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital	STREET ADDRESS (If rural give location) 210 Clyde Street

3. NAME OF DECEASED (Type or Print)	(First) OSCAR	(Middle) GEORGE	(Last) JOHNSON	4. DATE OF DEATH (Month) (Day) (Year)	February 11, 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 10, 1892	9. AGE last birthday 57 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Attendant	10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (State or foreign country) Wisconsin	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Martin Johnson	14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary edema and cardio vascular collapse	Unknown
322.1 77d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute and chronic alcoholism with delerium tremens	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work [ ] Not while at work [ ]	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jill Dodson	MD	Rising Sun Md	2-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 2-12-50	NAME OF CEMETERY OR CREMATORY National Cemetery	LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. 2-12-50	REGISTRAR'S SIGNATURE Irene E. Daugherty	24. FUNERAL DIRECTOR Edward Toulson EDWARD TOULSON,	ADDRESS 2359 Washington Blvd. Baltimore 30, Maryland

79092

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 14 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01469

CERTIFICATE OF DEATH

BC

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 8yr.6mo.13days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED (Type or Print): (First) FRANCYSEK (Middle) - (Last) KOSLOWSKI

4. DATE OF DEATH (Month) Feb. (Day) 24, (Year) 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep

8. DATE OF BIRTH 9-15-1888

9. AGE last birthday 61 yrs. If under 1 year: Months 5 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charlie Koslowski- deceased

14. MOTHER'S MAIDEN NAME Tillie Brotosus - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 212-16-3753

17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial pneumonia, bilateral — 72 hours

521 Antecedent cause(s) due to

114d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pleurisy, purulent, left

due to

(c) Abscesses, multiple, left lower lobe

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

19a. DATE OF OPERATION --

19b. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) --
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that I VA attended the deceased from Aug.11, 1941, to Feb.24, 1950, ~~that I last saw the deceased alive on~~, and that death occurred at 2:05 AM m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon (Degree or title) M.D., Chief, Professional Services, VAH, Perry Point, Md. ADDRESS DATE SIGNED Feb.27,1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 2-27-50
NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Feb. 27, 1950
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR Pennington & Son
ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 2 1950
BUREAU OF

01470

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place): 27Y.3mo 29da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Adminstration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY: Philadelphia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural, give location): 5043 Wister St.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) (NMI) (Last) LAYRE
4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 6-2-89
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Webster Layre
14. MOTHER'S MAIDEN NAME: Mary Werfline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Hosp. Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral edema	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchio Pneumonia	4 days
	(c)	

491X
107
026?

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: C.N.S.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Milford H. Spreeler, (Degree or title) M.D. DME — ADDRESS: Elkton, Md — DATE SIGNED: Feb. 19, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 2-19-50
NAME OF CEMETERY OR CREMATORY: Germantown Lutheran Cemetery
LOCATION (City, town, or county): Philadelphia. (State): Pa.

DATE REC'D BY LOCAL REG.: Feb. 19, 1950
REGISTRAR'S SIGNATURE: Irene E. Daugherty
24. FUNERAL DIRECTOR: Lee A. Patterson — ADDRESS: PATTERSON FUNERAL HOME, Perryville, Md.

X.UX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 21 1950
BUREAU OF

01471

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON Rural
LENGTH OF STAY (in this place) LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON RURAL
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Blanche (Middle) E (Last) Logan
4. DATE OF DEATH (Month) Feb (Day) 19 (Year) 1950
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAY 12, 1884
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) PLEASANT HILL Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME HENRY HENDERSON
14. MOTHER'S MAIDEN NAME JANE STEELE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT CHARLES A. LOGAN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Thyroid. — INTERVAL BETWEEN ONSET AND DEATH: 10 mo.

194 Antecedent cause(s)

552 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1949, to Feb. 19, 1950, that I last saw the deceased alive on Feb. 18, 1950, and that death occurred at 11 50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milford H. Sprecher, LD. ADDRESS Elkton, Md DATE SIGNED Feb. 19, 1950

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE 2-22-50 NAME OF CEMETERY OR CREMATORY UNION LOCATION (City, town, or county) ELKTON RURAL (State) Md

DATE REC'D BY LOCAL REG. Feb 21 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1950
BUREAU V. S.

Jesse Lum

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01472

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON
LENGTH OF STAY (in this place): 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH EAST RURAL
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JESSE (Middle) W (Last) LUM

4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 5-1-1881

9. AGE last birthday: 68 yrs. (If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jesse Fisher Lum

14. MOTHER'S MAIDEN NAME: Julia Wilson Maulsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Jesse W. Lum, North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Left lobar Pneumonia, postoperative	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple Fistulae in ano sec. to	2 years
572.2 108	(c) Chronic ulcerative colitis	15 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension Cardiovascular Renal Disease	15 years

19a. DATE OF OPERATION: 1 Feb '50

19b. MAJOR FINDINGS OF OPERATION: Multiple fistulae in ano with secondary perineal abscesses

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 9 Feb, 1950, that I last saw the deceased alive on 9 Feb, 1950, and that death occurred at 1:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas H Hardcastle M.D. — **ADDRESS**: North East, Md — **DATE SIGNED**: 10 Feb '50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — **DATE**: 2-12-1950 — **NAME OF CEMETERY OR CREMATORY**: North East Methodist — **LOCATION** (City, town, or county): North East — (State): Md

DATE REC'D BY LOCAL REG.: Feb 11 — **REGISTRAR'S SIGNATURE**: H R Sager

24. FUNERAL DIRECTOR: Joseph R. Grant — **ADDRESS**: North East, Md

COPY

RECEIVED
FEB 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

011473

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT, MD. — LENGTH OF STAY (in this place) 3yrs3mos10da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL PERRY POINT, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DELAWARE — COUNTY NEW CASTLE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RICHARDSON PARK, WILMINGTON
STREET ADDRESS (If rural, give location) 10 Mill Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK	A.	MC FALLS	February	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWED	12-22-1871	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millwright
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM F. MC FALLS
14. MOTHER'S MAIDEN NAME: HARRIET BRIGGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): SAW
16. SOCIAL SECURITY No.: 222-01-7508
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS VAH., Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, lower lobe, right	24 hours
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) II Cerebral arteriosclerosis with psychosis	Approx. 3½ years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

490 X
108

OK 3/21/50

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I VA attended the deceased from Oct. 8, 1946 to Feb. 18, 1950, ~~that I last saw the deceased~~ ~~alive on~~ ~~1950~~ and that death occurred at 9:04 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. 2-19-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	2-19-50	~	~

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 19, 1950	Irene E. Dougherty	J. T. Chandler Jr. JAMES T. CHANDLER & SON, Inc.	1011 Jefferson St., Wilmington, Del.

32794

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 21 1950
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11474 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) R. D # 2

3. NAME OF DECEASED (Type or Print): (First) Herman (Middle) Cochran (Last) Morris III

4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 9, 1950

9. AGE last birthday: yrs. — If under 1 year: Mooths. 9 Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Herman Cochran Morris Jr

14. MOTHER'S MAIDEN NAME: Dorothy Elizabeth Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mother —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [redacted] Gastro-enteritis — INTERVAL BETWEEN ONSET AND DEATH: 9 days

764.0 **Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

1190 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1950, to Feb. 18, 1950 that I last saw the deceased alive on Feb. 17, 1950, and that death occurred at 11:50 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Milford H. Spreckley M.D. Elkton Feb. 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb 20/50 — NAME OF CEMETERY OR CREMATORY: Bethel — LOCATION (City, town, or county) (State): New Chesapeake City, Md

DATE REC'D BY LOCAL REG. Feb 20 — REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR: H Hopkins — ADDRESS: Elkton Md

VS. A13

2-0-2-09-0-33-5-40-4

RECEIVED
FEB 21 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01475

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EIKTON
LENGTH OF STAY (in this place): 1936.-yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EIKTON
STREET ADDRESS (If rural, give location): R. D. # 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
KATHRYN	Beecher	Moschach	Feb	5	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	W	Widow	June 8, 1873	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Phila Pa
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Beecher
14. MOTHER'S MAIDEN NAME: Ilene Maron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Albert Moschach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	8 hrs
331X Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Unknown
	(c) Hypertension	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		RD 1 Elkton	Cecil	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JAN, 1949, to 5 Feb, 1950, that I last saw the deceased alive on 5 Feb, 1950, and that death occurred at 8:35 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George J Kreis, Jr	M D	Elkton, Md	5 February 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 8/50	West Laurel Hill	Phila, Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 8	F R Frazier	H W Pippin	Elkton, Md

RECEIVED
FEB 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01476

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
STREET ADDRESS (If rural give location) 17 Lawton Avenue

3. NAME OF DECEASED (Type or Print) (First) Dale (Middle) F (Last) Newell
4. DATE OF DEATH (Month) (Day) (Year) 2/28/50 19

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) singe
8. DATE OF BIRTH 8/18/1924
9. AGE last birthday 25 yrs. If under 1 year Months 6 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Social worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME James H. Newell
14. MOTHER'S MAIDEN NAME Violet C. Sipe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 189-20-9312
17. INFORMANT James H Newell

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976 Immediate cause (a) Penetrating wound of head above right ear

164c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home. (CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 2/28/50 1:50 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Target pistol wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE R. L. Dodson (Degree or title) Mhe. ADDRESS Rising Sun, Md. DATE SIGNED 2/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 3/3/50
NAME OF CEMETERY OR CREMATORY Mill Run
LOCATION (City, town, or county) Mill Run (State) Pa

DATE REC'D BY LOCAL REG. Mar 1
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md.

V4899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 3 1950
U.S. PATENT OFFICE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

D1477

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (in this place) 23 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; STREET ADDRESS (If rural, give location) RD #1, Box 260

3. NAME OF DECEASED (Type or Print): (First) FITZHUGH (Middle) G. (Last) OSBORN

4. DATE OF DEATH: (Month) Feb. (Day) 13, (Year) 1950

5. SEX: male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 10-27-1891

9. AGE last birthday: 58 yrs. If under 1 year: Months 3, Days 16; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bel Air, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown - deceased

14. MOTHER'S MAIDEN NAME: Emma J. Osborn - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia, uremic poisoning — Unknown

177x Antecedent cause(s) — due to

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of prostate

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) --; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY pp; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? --

22. I hereby certify that I/VA attended the deceased from Jan. 20, 1950, to Feb. 13 1950, that I last saw the deceased alive on [illegible], and that death occurred at 7:45 PM., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D. (Degree or title) Chief Professional Services VA Hospital ADDRESS Perry Point, Md. DATE SIGNED 2-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal; DATE 2-14-50; NAME OF CEMETERY OR CREMATORY Asbury Cemetery; LOCATION (City, town, or county) Churchville, Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. Feb. 14, 1950; REGISTRAR'S SIGNATURE Irene E. Dunphy

24. FUNERAL DIRECTOR ADDRESS Howard K. McComas

HAROLD K. McComas & Son, Abingdon, Md.

RECEIVED
FEB 16 1950
BUREAU Y. S.

01478

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH · COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 323 Curtis	STREET ADDRESS (If rural give location): 323 Curtis

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Powell

4. DATE OF DEATH: (Month) Feb (Day) 7 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug 25, 1871

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retd Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retd Farmer

11. BIRTHPLACE (State or foreign country): Hand Cock Bridge N J

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Genninah Powell

14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Oscar Dunn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive, Cardio-vascular-renal disease — INTERVAL BETWEEN ONSET AND DEATH: 3 Years

442

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
① Hypertrophy of prostate gland with retention — 1 year
② Jaundice and diseases of undetermined cause — 3 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1950, to Feb. 7, 1950, that I last saw the deceased alive on Feb. 7, 1950, and that death occurred at 2 50 A m., from the causes and on the date stated above.

SIGNATURE: S. Ralph Andrews, Jr. — (Degree or title): M.D. — ADDRESS: 233 E. Main St., Elkton, Md. — DATE SIGNED: 2/7/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: Feb 8/50 — NAME OF CEMETERY OR CREMATORY: Canton N J — LOCATION (City, town, or county) (State): Salem N J

DATE REC'D BY LOCAL REG.: Feb 8 — REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR: H.W. Pippin & Son — ADDRESS: Elkton, Md.

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01479

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) R (Last) REBURN Jr.
4. DATE OF DEATH (Month) 2 (Day) 5 (Year) 1950

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 10-1-49
9. AGE last birthday 4 mo. yrs. If under 1 year Months Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Nottingham Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James R Reburn.
14. MOTHER'S MAIDEN NAME Helen Thomas.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT James R. Reburn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

571.0 Immediate cause (a) Gastro Enteritis (Virus)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

119a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R.C. Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 2-5-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Oxford Pa
DATE THEREOF Feb. 7, 1950
NAME OF CEMETERY OR CREMATORY Oxford
LOCATION (City, town, or county) Oxford Chester (State) Pa

DATE REC'D BY LOCAL REG. Feb 6
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR C.P. Rogers ADDRESS Oxford, Pa

9-X-0-01-9-00-X-99-x

M

C

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01480

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:
County: Cecil
City or town: Rising Sun Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Rising Sun Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Lacie Smith Riley

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	White	Widow

6.(b) Name of husband or wife: Wm Riley deceased. 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 12 - 1870

8. AGE: Years: 79. Months: Days: If less than one day: ..... hrs. ..... min.

9. Birthplace: Cecil Co Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Ivan Smith
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Mary Ritchie
15. Birthplace: Oakwood Md.

16. Informant: Beatrice Brown
Address: Oxford Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 9. 1950 (month) (day) (year)
Cemetery or crematory: Oakwood Cem.
Location: Conowingo, Cecil Co. Md.

18. Funeral director: Ralph M Reed
Address: Rising Sun Md.

19. Feb 6. 1950 L M Worthington Registrar
(Date rec'd by registrar)

Permit issued 2-6-50

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 4 1950, at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-3 1950, to 2-4 1950
and that I last saw h... alive on 2-3 1950

Immediate cause of death	DURATION
Myocarditis	
Due to: Arteriosclerosis & Hypertension	
Due to:	
Other conditions	

443
93d
(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

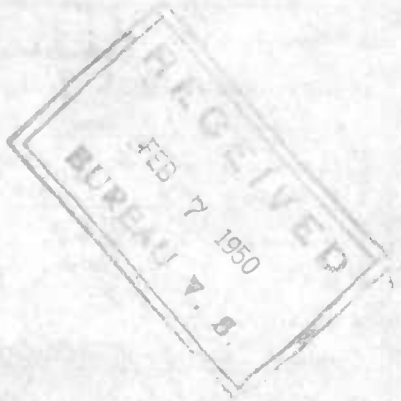
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: R. L. Dodson M.D. M. D. or other
Address: Rising Sun Md. Date signed: 2-6-50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


RECEIVED
FEB 7 1950
BUREAU V. S.

01481

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH· COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural LENGTH OF STAY (in this place) 2 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Armintie (Middle) (Last) Sisk			4. DATE OF DEATH (Month) Feb. (Day) 21 (Year) 1950		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 10 1896	9. AGE last birthday 53 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Bucks Co. Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Hugh Mutter			14. MOTHER'S MAIDEN NAME Mary VanDyke		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT James Bevly Sisk. Conowingo, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause	(a) Myocarditis	4 Mo.
Antecedent cause(s)		
93e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to Feb 21, 1950, that I last saw the deceased alive on Feb 19, 1950, and that death occurred at 12 30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A Snodgrass	Md	Darlington Md	

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 25, 1950	NAME OF CEMETERY OR CREMATORY Baptist Cem.	LOCATION (City, town, or county) (State) Conowingo, Md.
DATE REC'D BY LOCAL REG. Feb 23 - 1950	REGISTRAR'S SIGNATURE L M Workington	24. FUNERAL DIRECTOR J. E. Tyson, Rising Sun, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 27 1950
BUREAU V. S.

Streaker

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

011482

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY CECIL, ELKTON. MARYLAND. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON. LENGTH OF STAY (in this place) 5 DAYS. HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND. COUNTY CECIL. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) J (Last) STREAKER

4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12-2-1880

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ATTENDANT

10b. KIND OF BUSINESS OR INDUSTRY: GAS, Service Station

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: CHARLES STREAKER

14. MOTHER'S MAIDEN NAME: ELIZABETH STITCHCOMB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-10-8099

17. INFORMANT AND ADDRESS: Robert Lieb North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema sec. to	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Right Cerebral Embolus sec. to	5 days
420.0 93d	(c) Coronary Occlusion & Myocardial Infarction sec. to	2 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic Heart Disease	3 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 9 Feb, 1950, that I last saw the deceased alive on 9 Feb, 1950, and that death occurred at 1:23 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Klaus H Hausler	M.D.	North East, Md	10 Feb '50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-12-1950	Principio Methodist	Principio Furnace Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb 11	I R Frazer	Joseph R. Lieb North East Md

15670

RECEIVED
FEB 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01483

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON
LENGTH OF STAY (in this place): 4 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 224 W. HIGH ST
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHILDS
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) VAN (Last) PELT

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 6-38-1867

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. 13 YRS. CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R.

11. BIRTHPLACE (State or foreign country): BUCKS CO. PENNA

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: THOMAS H. VANPELT

14. MOTHER'S MAIDEN NAME: WILHELAMINA SELNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: Carroll VanPelt 224 W. High St Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic, hypertensive Cardiac vascular disease — Several years

Antecedent cause(s) 422.1

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 938 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia — 6 months

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 23, 1949, to Feb 13, 1950, that I last saw the deceased alive on Feb. 12, 1950, and that death occurred at 5:10 A m., from the causes and on the date stated above.

SIGNATURE: J. Ralph Andrews, Jr. (Degree or title) M.D. ADDRESS: Elkton, Maryland DATE SIGNED: 2/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2-15-1950 — NAME OF CEMETERY OR CREMATORY: Cherry Hill Methodist — LOCATION (City, town, or county) (State): Elkton R.D. 5 Md

DATE REC'D BY LOCAL REG.: Feb 13 — REGISTRAR'S SIGNATURE: F K Traeger

24. FUNERAL DIRECTOR — ADDRESS: Joseph R. Grant North East, Md

30847

RECEIVED
FEB 16 1950
BUREAU V. S.

01485

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ardmore
STREET ADDRESS (If rural, give location) St. Georges Rectory

3. NAME OF DECEASED (Type or Print) (First) Stanley (Middle) Victor (Last) Wilcox
4. DATE OF DEATH (Month) February (Day) 16 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 4, 1887
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clergiman - Episcopal
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Albert Wilcox
14. MOTHER'S MAIDEN NAME Ellen Lawrey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) War I + II
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Jack A. Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal Hemorrhage - due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushing injury to chest - pelvis - and fracture of cervical spine - and base of skull.

(c)

816.5
170C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Route 40 and 7 - nr Elkton, Cecil - Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 16, 1950 8 45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto - (passenger) - Truck -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milford H. Sprecher M.D. Elkton Maryland Feb. 17, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Feb. 17/50
NAME OF CEMETERY OR CREMATORY Phila Pa.
LOCATION (City, town, or county) (State) Phila Pa
DATE REC'D BY LOCAL REG. Feb 17
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

V0894

RECEIVED
FEB 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11484

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Elkton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route - 40 -

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ardmore
STREET ADDRESS (If rural, give location): St. Georges Rectory.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edith	Wharton	Wilcox	Feb.	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	March 12, 1897	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Pennsylvania.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Telvonion Dallas.	Mary Pearsall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unknown		Mrs. Jack Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
816.5 **Immediate cause**	(a) Internal Hemorrhage — due	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1706	(b) to crushed — Chest.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Route 40-7 - Nr. Elkton	Cecil	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Feb. 16, 1950 8¼ a.m.		Auto - Truck - collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Orford H. Boucher, M.D.	Elkton, Maryland	Feb. 17, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Feb 17/50	Phila. Pa	Phila, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 17	H. H. Frazer	H. W. Pippin	Elkton

RECEIVED
FEB 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01486

CERTIFICATE OF DEATH

Reg. Dist. No. 96

BC

1. PLACE OF DEATH: COUNTY CECIL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT, LENGTH OF STAY (in this place) 1 month 10da.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration	STREET ADDRESS (If rural, give location) 3018 PINEWOOD AVENUE

3. NAME OF DECEASED (Type or Print)	(First) HENRY	(Middle) JOSEPH	(Last) WILKINSON	4. DATE OF DEATH	(Month) FEBRUARY	(Day) 14,	(Year) 1950
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 7-3-1885	9. AGE last birthday 64 yrs.	If under 1 year Months 7	Days 11	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN - retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) NEW HAMPSHIRE	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME HENRY J. WILKINSON	14. MOTHER'S MAIDEN NAME UNKNOWN						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If year, give war or dates of service) WW-1	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT AND ADDRESS HOSPITAL RECORDS VA HOSPITAL, PERRY POINT, MARYLAND					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
025 Immediate cause	(a) PNEUMONIA, Bronchial	48 Hours
Antecedent cause(s)	due to	
30b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General paralysis of the insane	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --	19b. MAJOR FINDINGS OF OPERATION --	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) --	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -- (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? --

22. I hereby certify that VA attended the deceased from Jan. 4, 1950, to Feb. 14, 1950, ~~that I last saw the deceased alive on 19xx~~, and that death occurred at 11:40 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md.			2-15-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	2-15-50	BALTIMORE NATIONAL CEMETERY, BALTIMORE, MD.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 15, 1950	Irene E. Daugherty	L. J. Ruck LEONARD J. RUCK FUNERAL HOME,	5305 Harford Road, Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-1A15

RECEIVED
FEB 16 1950
BUREAU V S

01487

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Indiana — COUNTY: Clark
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place): 29 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jeffersonville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration	STREET ADDRESS (If rural, give location): Box #378, Rt. #1

3. NAME OF DECEASED (Type or Priot)	(First) WILLIAM	(Middle) A.	(Last) WOLFORD	4. DATE OF DEATH	(Month) Feb. (Day) 20, (Year) 1950
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Apr. 29, 1891	9. AGE last birthday: 58 yrs.	If under 1 year: Months 9, Days 21; If under 24 hrs.: Hours, Mio.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Kentucky	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: William Wolford - deceased	14. MOTHER'S MAIDEN NAME: Mary Laffey - deceased				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW-I	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pleurisy with effusion, left	3 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia, bronchial, bilateral	
	due to	
	(c) Carcinoma of the esophagus	

150

46a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-15-50	19b. MAJOR FINDINGS OF OPERATION: Same as above	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): --	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): -- (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? --

22. I hereby certify that ~~I~~ VA attended the deceased from Jan. 21, 1950, to Feb. 20, 1950, ~~that I last saw the deceased~~ ~~alive on~~, and that death occurred at 5:07 AM m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon — (Degree or title) ADDRESS: E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: Feb. 20, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 2-20-50	NAME OF CEMETERY OR CREMATORY: Utica Cemetery,	LOCATION (City, town, or county) (State): Jeffersonville, Indiana
DATE REC'D BY LOCAL REG.: Feb 20, 1950	REGISTRAR'S SIGNATURE: Irene E. Daugherty	24. FUNERAL DIRECTOR: Pennington & Son	ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

15679

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

RECEIVED
FEB 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01488

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (In this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 218 E High

3. NAME OF DECEASED (Type or Print): (First) Addie (Middle) R. (Last) Workman
4. DATE OF DEATH: (Month) 2 (Day) 26 (Year) 1950

5. SEX F. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH 10-24-18[illegible] | 9. AGE last birthday 68 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) North East Md. | 12. CITIZEN OF WHAT COUNTRY U S A

13. FATHER'S NAME Stephen Dillas | 14. MOTHER'S MAIDEN NAME Clara Wyre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Harry Milburn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Coronary disease
420.1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under ying cause last
94a (b) Chronic Arteriosclerosis
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R L Dodson (Degree or title) MD | ADDRESS Rising Sun Md | DATE SIGNED 2/27-50

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 3-1-50 | NAME OF CEMETERY OR CREMATORY Methodist | LOCATION (City, town, or county) (State) North East Cecil Md

DATE REC'D BY LOCAL REG. Feb 27 | REGISTRAR'S SIGNATURE H R Frazer | 24. FUNERAL DIRECTOR ADDRESS Joseph R Grant North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A75A

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MAR 1 1950
BUREAU V. S.